

Per Capita Grant Application FY2021

Bureau of Emergency Medical Services and Preparedness

This form should be typed or computer generated.

Application must be received by the Bureau of EMS no later than February 1, 2020

Agency Information:

Name of Agency: _____ EMS Provider Number: _____

Address: _____ DUNS No. _____

City: _____ County: _____ Contact Person: _____

Zip Code: _____ Email: _____

Agency Phone #: _____

Level of Licensure: EMD EMT AEMT Paramedic

Legal Status of Contractor- Check all that apply

Ambulance Agency Law Enforcement

Paramedic Agency Dispatch Agency

Designated Agency

Authority to sign contract: _____

Title: _____

Signature of person verifying roster: _____

Signing this application verifies that the agency roster in the Bureau's licensing system as of December 31, 2019 is correct and valid for Per Capita calculations for the FY2021 award process.

